MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH							
DEPARTMENT OF PUBLIC HEALTH AND WELFARE, Registration District No. 302/ Registrat's No. 230 Primary Registration District No. 302/ Registrat's No. 230							
DO NOT WRITE ON THIS STUB		MEN	ED		LED JAN 2 1964		
	L 9	1	1 1	1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before		
VS 300 Rev. 4/59	AMENDED			I _	a. COUNTY Grundy admission)		
Rev. 4/3/	Z		11		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stey in 1b C. CITY OR TOWN Trenton, MO. Inside Limits Yes B No		
اسے داردا	Ą		11	I —	2./0112		
10405	18				HOSPITAL OR ADDRESS A DISTANCE OF THE ADDRESS AND THE ADDRESS A DISTANCE OF THE ADDRESS A DISTANCE OF THE ADDRESS AND		
20405	DATE		Ш		WEIGHT PREMOTER TO THE TOTAL THE TOT		
3				•	8. NAME OF DECEASED First Middle Last 4. DATE Month Day Year OF OF DEATH DEC 38 14/3		
4 0				I -	01112 702 20 7103		
				•	Months Days Hours Min.		
		ŀ		-10	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY		
6 8	2			1	The man of working life, even if retired) Agriculture Sullivan Co. Mo. U.S.A.		
7 0	3			13	135. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE		
<u> </u>	5]]	j	JOEL D. Grim ElizA JAME WARNER MAULE EVA TOGETH		
8 0	, '		1		S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (es, no, or unknown) (If yes, give war or dates of service)		
933/x	الأ			<u> </u>	MAULE TVA Grim		
10	נֿן <u> </u>				INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH		
			\{\cupsel{\c		immediate cause (a)		
11	ا وَا يُ	-		1			
ו אם יויי	- 17	ļ	^		Conditions, if any, which gave rise to		
13	Ź				above cause (a), } stating the under-		
				2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female was fem		
I	- 1			CATION	disease condition given in PART I (a)		
NO NO NATENTAL			1 1	SE			
ا ا	[1	CERTIFI	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED? YES NO		
_	֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		11	CAL C	20c. TIME OF Hour Month, Day, Year		
JÖ	ŧ			EDIC	INJURY a.m.		
BLACK INK OR RITER RIBBON		İ		*	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE		
324					WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK		
A & E	READ				21. I attended the deceased from 12-61- , to 12-28-63 and last sew her him alive on 12-28-63		
USE BLAC	12		1		Death occurred at S Room A m on the date stated above, and to the best of my knowledge, from the causes stated.		
USE	Į		ليا ا		22a. SIGNATURE 4.1 (Degree or title) 22b. ADDRESS 22c. DATE SIGNED		
⊃ <u>₽</u>	SHOULD		0	1	The Freezen my 0 Trenton mo 12-28-63		
-	<u> </u>	\dashv	NA VIT	23	Da. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR COMMITTERY 23d. LOCATION (City, town, or county) (State)		
	2		AFFIDA		$p \rightarrow p \rightarrow$		
j	ITEM		₹	2	FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL RES.		
	E	1	6	I _	DAVIS - BLACK MORE TONES ALL JOHN		
•					(Licensed Embalmer's Statement on Reverse Side)		

fuson

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	Signed Bodon Blackman
Student	Signed Dackman
Signature of Student Embalmer	Licensed Embalmer No. 4602
	P. O. Address Reactor, IVV

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.